

**ADDRESS/MAILING INFORMATION UPDATE
(FOR PUBLIC USE)**

OFFICIAL NAME OF STANDARD:

NAME/TITLE OF DESIGNATED INDIVIDUAL FOR RECEIPT OF CORRESPONDENCE:

MAILING ADDRESS: _____

PHONE NR: _____ FAX NR: _____

TOLL FREE NUMBER (IF AVAILABLE): _____

E-MAIL ADDRESS: _____

INTERNET SITE ADDRESS: _____

Chairman/Secretary/Authorized official signature:
(Signature required for processing)

(SIGNATURE)

(PRINTED NAME)

(DATE)

PLEASE MAIL COMPLETED FORM TO:

DEPARTMENT OF LABOR & INDUSTRIES
SPECIALTY COMPLIANCE SERVICES DIVISION
APPRENTICESHIP SECTION
PO BOX 44530
OLYMPIA, WA 98504-4530
(360) 902-5320 FAX (360) 902-4248
E-mail: APPRENTICE@LNI.WA.GOV
Internet: <http://www.lni.wa.gov/TradesLicensing/Apprenticeship/>

NOTE: **This information WILL NOT be used to make changes to your
program standard.**

information update request 05/19/04